Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph

Bawat Pilipino MIYEMBRO
Bawat miyembro PROTEKTADO
Kalusugan natin SEGURADO

Case No. _____

Annex "C3.3– Rectum CA"

CHECKLIST OF MANDATORY AND OTHER SERVICES
Rectum cancer pre-treatment clinical stage II - III

Tranche 3 of 3

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐
MEMBER *(if patient is a dependent)* (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐

Place a (✓) if DONE or NA if not applicable in the status column.

MANDATORY AND OTHER SERVICES	Status
Medicines	
A. Any of the following:	
1. Capecitabine-Oxaliplatin (CapeOX)	
2. Capecitabine	
3. Fluorouracil-Folinic acid-Oxaliplatin (FOLFOX 4)	
4. Fluorouracil-Folinic acid-Oxaliplatin (mFOLFOX 6)	
5. Fluorouracil-Folinic acid (FU-FA)	
B. Anti-emetics, specify (as indicated)	
C. Antibiotics, specify (as indicated)	
D. Pain relievers, specify (as indicated)	
Others	
Blood support, as needed	

Certified correct by:	Conforme by:
(Printed name and signature) Attending Medical Oncologist	(Printed name and signature) Patient
PhilHealth Accreditation No. ☐☐☐☐–☐☐☐☐☐☐☐–☐	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	